

Department of Agriculture, Trade and Consumer
Protection

Consumer Complaint

To Businesses:

We encourage consumers to use this form when they first contact you with a problem.
Please take this opportunity to promote your business by quickly working out this dispute.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Home Phone: () _____ Work Phone: () _____ ext. _____ or () _____ ext. _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

2. What business is your complaint against?

Name of business: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I went to the business |
| <input type="checkbox"/> Person from business called me | <input type="checkbox"/> I telephoned the business |
| <input type="checkbox"/> Business sent me information in the mail | <input type="checkbox"/> I responded to a radio or TV ad |
| <input type="checkbox"/> I attended a convention or trade show | <input type="checkbox"/> I responded to a printed advertisement |

4. When did the **first** contact occur? _____ month: _____ day: _____ year: _____

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

6. What product or service did you buy? (please be specific) _____

7. Was it advertised? (circle one) No Yes Date: _____ Where: _____

8. Did you sign a contract? (circle one) No Yes Date: _____ Number on contract, policy or receipt _____

9. If yes, where were you when you signed the contract? _____

10. Amount paid: \$ _____ by: (circle one) cash check credit card financed other plan

11. Where did you pay the business: (check one)

- | | |
|--|---|
| <input type="checkbox"/> At my home | <input type="checkbox"/> At the company's place of business |
| <input type="checkbox"/> Over the telephone by credit card | <input type="checkbox"/> At a convention or trade show |
| <input type="checkbox"/> By mail | <input type="checkbox"/> In someone else's home |

12. Did you contact the business about your complaint? ☐ Yes ☐ No When? _____ What happened? _____

13. Have you filed this complaint with another agency? ☐ Yes ☐ No Agency name? _____ What happened? _____

14. Have you contacted a private attorney? ☐ Yes ☐ No Have you started court action? ☐ Yes ☐ No

IMPORTANT: More questions on the back page (over)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The above information is true and accurate to the best of my knowledge.

Return this form and copies of your papers to our office located nearest to the business:

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER
PO Box 8911
Madison WI 53708-8911
(800) 422-7128
FAX: (608) 224-4939 TDD: (608) 224-5058
EMAIL: datcp hotline@datcp.state.wi.us
WEBSITE: <http://datcp.state.wi.us/>